

**Probationary Instructor Application**  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Office of Fire Fighter Training  
P.O. Box 30700, Lansing, MI 48909  
Telephone: 517-373-7981

Authority: 1966 PA 291

**Applicant Information**

LAST NAME		FIRST NAME		MIDDLE INITIAL	
ADDRESS (No P.O. Boxes - UPS will not deliver)				COUNTY OF RESIDENCE	
CITY		STATE		ZIP CODE	
DAYTIME TELEPHONE NUMBER (Include Area Code)		EVENING TELEPHONE NUMBER (Include Area Code)		DRIVER'S LICENSE NUMBER	
E-MAIL ADDRESS		FIRE DEPARTMENT / STATION NAME			FDID NUMBER

**Training Prerequisites** - Attach copies of the following certificates

Educational Methodology or approved equivalent	Instructor Orientation - IFSTA	FF I or old Phases I & II (to instruct FF I)	FF I & II or old Phases I-IV (to instruct FF I & II)
If you cannot provide a copy place Course Number here:			

**Fire Suppression Experience** (Minimum 3 years required, list most recent first)

Fire Department Name	FDID Number	From Month/Year	To Month/Year

**Certification and Signature**

I certify the information provided is true and accurate to the best of my knowledge. I authorize the release of all criminal history information that pertains to this application.	
APPLICANT'S SIGNATURE	DATE

**Sponsor** (Check appropriate box)

<input type="checkbox"/> Applicant's Fire Chief <input type="checkbox"/> CTC Representative <input type="checkbox"/> OFFT Training Coordinator	
I certify I have reviewed the information provided and attest it is true and accurate to the best of my knowledge.	
PRINTED NAME OF SPONSOR	TELEPHONE NUMBER (include Area Code)
SPONSOR'S SIGNATURE	DATE

**Mail or fax the completed form to your Region Supervisor**

<p style="text-align: center;"><b>Gary Crum</b> <b>Region 1 &amp; 2 Supervisor</b> Office of Fire Fighter Training 2922 Fuller Ave. NE, Ste. 114 Grand Rapids, MI 49505</p> <p style="text-align: center;">Telephone: 616-447-2689 Fax: 616-447-2668 email: gdcrum@michigan.gov</p>	<p style="text-align: center;"><b>Deward Beeler</b> <b>Region 3 Supervisor</b> Office of Fire Fighter Training 411 East Genesee, 4th floor Saginaw, MI 48607</p> <p style="text-align: center;">Telephone: 989-758-1912 Fax: 989-758-1616 email: dbbeelee@michigan.gov</p>
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**For OFFT Use Only**

FF I	FF II	ED. METH.	IO-IFSTA	NO. YEARS	REG. SUPV. INITIALS	DATE
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The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.